County: Walworth LAKELAND HEALTH CARE CENTER

W3930 COUNTY ROAD N

ELKHORN 53121 Phone: (262) 741-360	0	Ownershi p:	County
Operated from 1/1 To 12/31 Days of Operation	365	Hi ghest Level Li cense:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	245	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	245	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	223	Average Daily Census:	236
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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/01) %				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	 	Less Than 1 Year 1 - 4 Years	21. 1 44. 8
Supp. Home Care-Household Services Day Services		Developmental Disabilities Mental Illness (Org./Psy)	2.2	Under 65 65 - 74	10. 8 10. 8	More Than 4 Years	34. 1
Respite Care	No	Mental Illness (Other)	34. 5 2. 2	75 - 84	32. 7		100. 0
Adult Day Care Adult Day Health Care	No No	Al cohol & Other Drug Abuse Para-, Quadra-, Hemiplegic	0. 0 0. 0	85 - 94 95 & 0ver	36. 8 9. 0	**************************************	******** t
Congregate Meals Home Delivered Meals	No No	Cancer Fractures	0. 9 0. 0		100. 0	Nursing Staff per 100 Re (12/31/01)	
Other Meals	No	Cardi ovascul ar	13. 0	65 & 0ver	89. 2		
Transportati on Referral Servi ce	No No	Cerebrovascul ar Di abetes	13. 9 3. 6	Sex	· %	RNs LPNs	11. 7 7. 7
Other Services Provide Day Programming for	No	Respiratory Other Medical Conditions	2. 2 27. 4	Male	 28. 7	Nursing Assistants, Aides, & Orderlies	54. 8
Mentally Ill	No	other wearcar conditions		Female	71. 3	Ardes, & Orderfres	J4. 0
Provi de Day Programming for Developmentally Disabled	No		100. 0		100. 0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther			Pri vate Pay	;		amily Care			anaged Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of 3 All
Int. Skilled Care	0	0. 0	0	5	2. 7	119	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	5	2. 2
Skilled Care	13	100. 0	344	168	90. 3	101	0	0.0	0	24	100.0	157	0	0.0	0	0	0.0	0	205	91. 9
Intermedi ate				13	7. 0	85	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	13	5.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	13	100.0		186	100.0		0	0.0		24	100.0		0	0.0		0	0.0		223	100.0

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti o	ns, Services,	and Activities as of 12/3	31/01
Deaths During Reporting Period]	'					
8 1 8		ľ		%	Needi ng		Total
Percent Admissions from:		Activities of	%	Assi	stance of	% Totally	Number of
Private Home/No Home Health	2. 9	Daily Living (ADL)	Independent	0ne 0	r Two Staff	Dependent I	Resi dents
Private Home/With Home Health	2. 9	Bathi ng	2. 7		44. 8	52. 5	223
Other Nursing Homes	4. 1	Dressi ng	29. 1		35. 9	35. 0	223
Acute Care Hospitals	84. 1	Transferring	41. 7		30. 0	28. 3	223
Psych. HospMR/DD Facilities	0.0	Toilet Use	22. 4		27. 4	50. 2	223
Rehabilitation Hospitals	1.8	Eating	65. 5		19. 7	14. 8	223
Other Locations	4. 1	*************	******	******	******	***************	*****
Total Number of Admissions	170	Conti nence		%	Special Treati	ments	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	5.4	Receiving Re	espi ratory Care	15. 2
Private Home/No Home Health	19. 3	Occ/Freq. Incontinent	t of Bladder	75. 3		racheostomy Care	0. 4
Private Home/With Home Health	13. 0	Occ/Freq. Incontinent	t of Bowel	36. 8	Receiving Su	ucti oni ng	0. 4
Other Nursing Homes	5. 7	<u>-</u>			Receiving 0s	stomy Care	0. 9
Acute Care Hospitals	8. 9	Mobility			Receiving To	ube Feedi ng	4. 9
Psych. HospMR/DD Facilities	0.0	Physically Restrained	i	3. 1	Receiving M	echanically Altered Diets	40. 8
Rehabilitation Hospitals	0.0						
Other Locations	9. 9	Skin Care			Other Residen	t Characteristics	
Deaths	43. 2	With Pressure Sores		6. 3	Have Advance	e Directives	100. 0
Total Number of Discharges		With Rashes		5. 4	Medi cati ons		
(Including Deaths)	192				Receiving Pa	sychoactive Drugs	62. 3
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Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	Ownership: Government		ernment	2	Si ze: 00+	Ski	ensure: lled	All		
	Facility	Peer Group		Peer Group			Group		ities	
	% %		Ratio	%	Ratio	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	87. 5	84. 8	1. 03	87. 6	1. 00	85. 8	1. 02	84. 6	1. 03	
Current Residents from In-County	79. 8	58 . 7	1. 36	48. 5	1.64	69. 4	1. 15	77. 0	1. 04	
Admissions from In-County, Still Residing	22. 9	27.8	0. 83	24. 3	0. 95	23. 1	0. 99	20. 8	1. 10	
Admi ssi ons/Average Daily Census	72. 0	58. 7	1. 23	57. 7	1. 25	105. 6	0. 68	128. 9	0. 56	
Discharges/Average Daily Census	81. 4	61.8	1. 32	59. 8	1. 36	105. 9	0. 77	130. 0	0. 63	
Discharges To Private Residence/Average Daily Census	26. 3	18. 7	1. 41	18. 7	1.40	38. 5	0. 68	52. 8	0. 50	
Residents Receiving Skilled Care	94. 2	84. 8	1. 11	82. 7	1. 14	89. 9	1. 05	85. 3	1. 10	
Residents Aged 65 and Older	89. 2	87. 6	1. 02	89. 9	0. 99	93. 3	0. 96	87. 5	1. 02	
Title 19 (Medicaid) Funded Residents	83. 4	79. 8	1. 05	79. 2	1. 05	69. 9	1. 19	68. 7	1. 21	
Private Pay Funded Residents	10. 8	16. 3	0. 66	16. 5	0. 65	22. 2	0. 48	22. 0	0. 49	
Developmentally Disabled Residents	2. 2	0.8	2. 81	0. 5	4. 08	0.8	2. 99	7. 6	0. 30	
Mentally Ill Residents	36. 8	50. 0	0. 74	39. 8	0. 92	38. 5	0. 96	33. 8	1. 09	
General Medical Service Residents	27. 4	17.8	1. 53	21. 5	1. 27	21. 2	1. 29	19. 4	1. 41	
Impaired ADL (Mean)	52. 0	43. 4	1. 20	40. 7	1. 28	46. 4	1. 12	49. 3	1. 06	
Psychological Problems	62. 3	61. 6	1. 01	58. 0	1. 07	52. 6	1. 19	51. 9	1. 20	
Nursing Care Required (Mean)	9. 3	8. 4	1. 10	8. 5	1. 10	7. 4	1. 25	7. 3	1. 27	